

CITY OF GADSDEN
Application
For Employment

City of Gadsden Personnel Office
Room 201 --- City Hall
P. O. Box 267
Gadsden, Alabama 35902-0267

The City of Gadsden will require all potential employees being considered for hire, to pay for their pre-employment drug test. If the individual passes the drug test and work for 30 days, the amount of the test will be refunded. **Failure to pass the drug test, no refund will be paid.**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: () Advertisement () Friend () Relative () Walk-In
() Employment Agency () Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone () _____ Social Security Number ____ / ____ / ____

In Case of Emergency Notify _____
Name and Relationship Phone Number

If employed and you are under 18, can you furnish a work permit? () Yes () No

Have you ever been employed here before? () Yes () No If Yes, give date _____

Are you employed now? () Yes () No May we contact your present employer? () Yes () No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? () Yes () No (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work () Full-Time () Part-time () Shift Work () Temporary

Are you related to any elected official of the City of Gadsden? () Yes () No

Have you been convicted of a felony within the last 10 years? () Yes () No

If Yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

References:

1. _____ ()

(Name) Phone #

(Address)
2. _____ ()

(Name) Phone #

(Address)
3. _____ ()

(Name) Phone #

(Address)

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation will be shown upon request.

_____ YES _____ NO

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____ _____
	Date _____

NOTES:

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications

acquired from employment or other experience. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant Date

For Personnel Department Use Only			
Arrange Interview	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Remarks _____			
		_____	INTERVIEWER
		_____	DATE
Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
		Date of Employment _____	
Job Title _____	Hourly Rate/ Salary _____		Department _____
By _____			_____
NAME AND TITLE			Date

EDUCATION	EXPERIENCE	SELF DEVELOPMENT	TOTAL

NOTES:

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name and Address																	
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: State any additional information you feel may be helpful to us in considering your application.

List the kinds of equipment you can operate and the degree of your proficiency (if operation of the equipment might be considered relevant to the job you seek).

LAST _____ FIRST _____ MIDDLE _____

BIRTH NAME _____, do hereby authorize the release of any record including convictions and my personal Motor Vehicle Record on file with any law enforcement agency to the Personnel Director of the City of Gadsden.

I understand my employment will not be final and complete until this information has been considered and I have been fully approved for employment.

Pursuant to R 120-91, all new employees regardless of status will be referred for a pre-employment drug screening. I understand if I am considered, employment will not be completed until a drug test is given.

SIGNATURE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

(City / State or County)

I, _____, of the Personnel Department of the City of Gadsden have been authorized by the City of Gadsden to check on the above person's Police Record and Personal Motor Vehicle Record by mail / in person.

DATE

SIGNATURE

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Phone (____) _____
LAST FIRST MIDDLE Area Code

Address _____
NUMBER STREET CITY STATE ZIP CODE

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one:

Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

DETACH HERE - PERSONNEL DEPT. ONLY